



C A L I F O R N I A D E P A R T M E N T O F

Mental Health

Audits Branch – Bay and Central Region
1515 Clay Street, Suite 1109, Oakland, CA 94612
(510) 622-2584, FAX (510) 622-2585

September 21, 2009

Nancy Pena, Ph.D., Director
Santa Clara County Valley Health
& Hospital System
Mental Health Department
828 South Bascom Avenue, Suite 200
San Jose, CA 95128

Dear Dr. Pena:

Santa Clara County Mental Health Services
Settlement Agreement
Fiscal Period Ended June 30, 2004

In accordance with California Welfare and Institutions Code Section 14171, the audit report for Santa Clara County Mental Health Services for the fiscal period ended June 30, 2004, has been revised to incorporate of the agreements reached between the parties.

In our opinion, the amounts shown in the accompanying Summary of Federal Share of Federal Short-Doyle/Medi-Cal per agreement (Schedule 1) represent the net amount allowable according to the above mentioned statute.

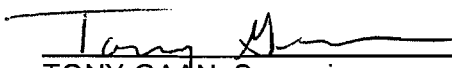
The effect of this revised allowable program costs is as follows:

	<u>Net Program Costs</u>		
	<u>As Audited</u>	<u>As Revised</u>	<u>Adjustment</u>
Federal Share of Short-Doyle/Medi-Cal	\$39,394,044	\$39,673,929	\$279,885
State General Funds EPSDT Due County	\$8,515,620	\$8,609,646	\$ 94,026

If you have any questions, please give Tony Gaan a call at (510) 622-2579.

Sincerely,


for WALTER J. HILL, Jr. MBA, EA
Chief of Audits


TONY GAAN, Supervisor
Audits Branch – Bay and Central Region

Enclosure

Certified Mail

SCHEDULE 1

SANTA CLARA COUNTY
COMMUNITY MENTAL HEALTH SERVICES
SUMMARY OF NET REIMBURSABLE MEDI-CAL PROGRAM COSTS
FISCAL YEAR ENDED JUNE 30, 2004

		<u>As Audited</u>	<u>Audit Adjustments</u>	<u>As Revised</u>
<u>NET REIMBURSABLE MEDI-CAL PROGRAM COSTS</u>				
<u>COUNTY PROVIDERS</u>				
MEDI-CAL - FFP	(Sch. 2a)	\$ 15,913,884	\$ 39,697	\$ 15,953,581
HEALTHY FAMILIES - FFP	(Sch. 2a)	0	0	0
TOTAL FFP - COUNTY PROVIDERS		<u>\$ 15,913,884</u>	<u>\$ 39,696</u>	<u>\$ 15,953,580</u>
<u>CONTRACT PROVIDERS</u>				
MEDI-CAL - FFP	(Sch. 3b)	\$ 23,462,224	\$ 240,189	\$ 23,702,413
HEALTHY FAMILIES - FFP	(Sch. 3b)	17,936	0	17,936
TOTAL FFP - CONTRACT PROVIDERS		<u>\$ 23,480,160</u>	<u>\$ 240,189</u>	<u>\$ 23,720,349</u>
<u>TOTAL FFP - COUNTY PLUS CONTRACT PROVIDERS</u>				
MEDI-CAL - FFP		\$ 39,376,108	\$ 279,886	\$ 39,655,994
HEALTHY FAMILIES - FFP		17,936	0	17,936
TOTAL FFP - COUNTY PLUS CONTRACT PROVIDERS		<u>\$ 39,394,044</u>	<u>\$ 279,885</u>	<u>\$ 39,673,929</u>
SUMMARY OF STATE GENERAL FUNDS				
EPSDT - SGF	(Sch 4)	<u>8,515,620</u>	<u>94,026</u>	<u>\$ 8,609,646</u>

SCHEDULE 2

**SANTA CLARA COUNTY
COMMUNITY MENTAL HEALTH SERVICES
SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE
FISCAL YEAR ENDED JUNE 30, 2004**

COUNTY OPERATED FEDERAL

		As Audited	Audit Adjustments	As Revised
<u>Total Medi-Cal Gross Reimbursement</u>				
1. Inpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	\$ 5,933,591	\$ 0	\$ 5,933,591
2. Outpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	13,910,589	9,511	13,920,100
3. Enhanced SD/MC (Children) - I/P	(MH1968, Ln 16, 16A)	0	0	0
4. Enhanced SD/MC (Children) - O/P	(MH1968, Ln 16, 16A)	72,568	0	72,568
5. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 22)	0	0	0
6. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 22)	1,181	0	1,181
7. Healthy Families Gross Reimbursement-I/P	(MH1968, Ln 27, 27A)	0	0	0
8. Healthy Families Gross Reimbursement-O/P	(MH1968, Ln 27, 27A)	0	0	0
9. Total		<u>\$ 19,917,929</u>	<u>\$ 9,511</u>	<u>\$ 19,927,440</u>

Less: Patient & Other Payor Revenues

10. Inpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)	\$ 785,802	\$ 0	\$ 785,802
11. Outpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)	178,052	0	178,052
12. Enhanced SD/MC (Children)-I/P	(MH 1968, Ln 29)	0	0	0
13. Enhanced SD/MC (Children)-O/P	(MH 1968, Ln 29)	0	0	0
14. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 30)	0	0	0
15. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 30)	0	0	0
16. Healthy Families Patient Revenue-I/P	(MH 1968, Ln 31)	0	0	0
17. Healthy Families Patient Revenue-O/P	(MH 1968, Ln 31)	0	0	0
18. Total		<u>\$ 963,854</u>	<u>\$ 0</u>	<u>\$ 963,854</u>

Medi-Cal Net Reimbursement for Direct Services

19. Inpatient SD/MC (Incl Children Enhanced)	(Ln 1,3 - Ln 10,12)	\$ 5,147,789	\$ 0	\$ 5,147,789
20. Outpatient SD/MC (Incl Children Enhanced)	(Ln 2,4 - Ln 11,13)	13,805,105	9,511	13,814,616
21. Enhanced SD/MC (Refugees)-I/P	(Ln 5 - Ln 14)	0	0	0
22. Enhanced SD/MC (Refugees)-O/P	(Ln 6 - Ln 15)	1,181	0	1,181
23. Healthy Families-I/P	(Ln 7 - Ln 16)	0	0	0
24. Healthy Families-O/P	(Ln 8 - Ln 17)	0	0	0
25. Total		<u>\$ 18,954,075</u>	<u>\$ 9,511</u>	<u>\$ 18,963,586</u>

Medi-Cal MAA Reimbursement

26. Service Functions 01-09	(MH1979, Ln 11, Col. A)	\$ 9,782	\$ 0	\$ 9,782
27. Service Functions 11-19, 31-39	(MH1979, Ln 12, Col. A)	343,299	0	343,299
28. Service Functions 21-19	(MH1979, Ln 13, Col. A)	32,336	0	32,336
29. Total		<u>\$ 385,417</u>	<u>\$ 0</u>	<u>\$ 385,417</u>

SCHEDULE 2a

SANTA CLARA COUNTY
COMMUNITY MENTAL HEALTH SERVICES
SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE
FISCAL YEAR ENDED JUNE 30, 2004

COUNTY OPERATED FEDERAL

		Audit		
		As Audited	Adjustments	As Revised
<u>Amount Negotiated Rates Exceed Cost</u>				
30. Inpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)	\$ 0	\$ 0	\$ 0
31. Outpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)	0	0	0
32. Enhanced SD/MC (Refugees)-I/P	(MH1968, Ln 39)	0	0	0
33. Enhanced SD/MC (Refugees)-O/P	(MH1968, Ln 39)	0	0	0
34. Healthy Families-I/P	(MH 1968, Ln 40, 40A)	0	0	0
35. Healthy Families-O/P	(MH 1968, Ln 40, 40A)	0	0	0
36. Total		<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>

Medi-Cal Administrative Reimbursement

37. Administrative Reimbursement Limit	(MH 1979, Ln 4)	\$ 9,926,230	\$ 69,321	\$ 9,995,551
38. Medi-Cal Administration	(MH 1979, Ln 5)	\$ 13,066,075	\$ 0	\$ 13,066,075
39. Medi-Cal Reimbursement	(Lower of Ln 37, Ln 38)	<u>\$ 9,926,230</u>	<u>\$ 69,321</u>	<u>\$ 9,995,551</u>

Healthy Families Administrative Reimbursement

40. Healthy Families Administrative Reimbursement Limit	(MH1979, Ln 8)	\$ 2,760	\$ 0	\$ 2,760
41. Healthy Families Administration	(MH1979, Ln 9)	\$ 0	\$ 0	\$ 0
42. Healthy Families Administrative Reimbursement	(Lower of Ln 40, Ln 41)	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>

Utilization Review Reimbursement

43. Skilled Professional	(MH1979, Ln 14, Col. D)	\$ 715,469	\$ 0	\$ 715,469
44. Other Medi-Cal U.R.	(MH1979, Ln 15, Col. D)	\$ 192,996	\$ 0	\$ 192,996

Net SD/MC Reimbursement - FFP

45. Direct Services	(MH1979, Ln 16,16A)	\$ 10,068,527	\$ 5,035	\$ 10,073,563
46. Enhanced (Children)	(MH1979, Ln 17,17A)	47,169	0	47,169
47. Enhanced (Refugees)	(MH1979, Ln 18)	1,181	0	1,181
48. MAA	(MH 1979, Ln 11, 12 & 13)	200,792	0	200,792
49. Administrative Reimbursement	(MH1979, Ln 6)	4,963,115	34,661	4,997,776
50. U.R. Skilled Professional	(MH1979, Ln 14)	536,602	0	536,602
51. U.R. Other	(MH1979, Ln 15)	96,498	0	96,498
52. Negotiated Rate-Payback	(MH1979, Ln 20)	0	0	0
53. Subtotal- FFP		<u>\$ 15,913,884</u>	<u>\$ 39,696</u>	<u>\$ 15,953,581</u>

54. Contract Limitation Adjustment	(MH 1979, Ln 22)	\$ 0	\$ 0	\$ 0
55. Quality Assurance Review Results	(Adj #)	0	0	0

56. Total SD/MC Reimbursement - FFP		<u>\$ 15,913,884</u>	<u>\$ 39,696</u>	<u>\$ 15,953,581</u>
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Net Healthy Families Reimbursement - FFP

57. Healthy Families Net Reimbursement	(MH1979, Ln 24,24A)	\$ 0	\$ 0	\$ 0
58. Negotiated Rate Exceed Costs	(MH1979, Ln 26)	0	0	0
59. Administrative Reimbursement	(MH1979, Ln 10)	0	0	0
60. Total Healthy Families Reimbursement - FFP		<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>

61. Total - FFP (Ln 56 + Ln 60)		<u>\$ 15,913,884</u>	<u>\$ 39,696</u>	<u>\$ 15,953,581</u>
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(To Sch. 1)

[illegible]

	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)
Legal Entity	Total Revenue (Excl. HFP)	Healthy Families Revenue	Total Revenue (Excl. HFP)	Healthy Families Revenue	Total Net Cost (Excl. HFP)	Net Cost Healthy Families	Total Net Cost (Excl. HFP)	Net Cost Healthy Families	Total MAA FFP
Number	Legal Entity	In-Patient	Outpatient	In-Patient	Outpatient	In-Patient	Outpatient	Reimbursement	
		(MH 1968, Ln 28 to 30)	(MH 1968, Ln 31)	(MH 1968, Ln 28 to 30)	(MH 1968, Ln 31)	(Col 4-11)	(Col 5-12)	(Col 9-13) (Col 10-14)	(MH 1979, Ln 11-13)
00144	Achieve	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 441,601	\$ 0
00150	Family & Children Services	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 829,408	\$ 0
00151	AACI	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 1,507,502	\$ 13,736
00153	Catholic Charities	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 637,513	\$ 0
00154	Chamberlain's	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 759,577	\$ 0
00156	Eastfield Ming Quong, Inc.	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 12,312,626	\$ 7,754
00157	Hope Rehabilitation Services	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 833,346	\$ 0
00158	Indian Health Center	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 190,301	\$ 0
00159	Inn Visions	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 121,081	\$ 0
00160	Mekong Community Center	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 324,741	\$ 0
00163	Ujima	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 492,675	\$ 0
00164	Community Solutions	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 2,025,256	\$ 0
00250	Children's Health Council	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 224,925	\$ 425
00251	Gardner Family Care Corp.	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 3,253,668	\$ 340
00255	Odd-Fellow Rebeka	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 3,575,777	\$ 5,340
00689	Alliance for Community Care	\$ 0	\$ 0	\$ 54,183	\$ 0	\$ 0	\$ 0	\$ 10,939,033	\$ 0
00716	Grace Baptist	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 546,024	\$ 0
00840	Starlight Adolescent	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 3,342,129	\$ 0
00959	Eastern European Serv. Agy	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 253,628	\$ 0
01031	Oasis Care, Inc.	\$ 0	\$ 0	\$ 12,436	\$ 0	\$ 0	\$ 0	\$ 2,026,548	\$ 0
0		\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
0		\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
0		\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
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0		\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
0		\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
0		\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
GRAND TOTAL		\$ 0	\$ 0	\$ 66,619	\$ 0	\$ 0	\$ 0	\$ 44,637,359	\$ 27,595

[illegible]

SCHEDULE 4

**SANTA CLARA COUNTY
COMMUNITY MENTAL HEALTH SERVICES
COMPUTATION OF EPSDT STATE SHARE PER AUDIT
FISCAL YEAR ENDED JUNE 30, 2004**

	<u>As Audited</u>	<u>Audit Adjustments</u>	<u>As Revised</u>
(1) SD/MC Actuals (MH 1979, Lns. 16, 16A, 17, 17A, 18) (including contractors)	\$ 57,991,015	\$ 462,141	\$ 58,453,156
(2) Total SD/MC Claims	61,449,985	0	61,449,985
(3) Percent % (Line 1/Line 2)	0.9437	0.0075	0.9512
(4) EPSDT Claims	29,828,238	0	29,828,238
(5) Actual Cost Settled EPSDT SD/MC (Line 3 X Line 4)	28,148,908	223,712	28,372,620
(6) Cost Settled Baseline for EPSDT	9,460,452	0	9,460,452
(7) Net Cost Settlement Amount (Line 5 - Line 6)	18,688,456	223,712	18,912,168
(8) 46.70% of Cost Settlement Amount (Line 7 x 46.70%)	8,727,509	104,473	8,831,982
(8a) FY 2001-02 EPSDT Settlement	6,608,623	0	6,608,623
(8b) Annual Local Growth (L. 8 - 8a)	2,118,886	104,473	2,223,359
(9) County Match 10% of Local Growth (8b x 10%)	211,889	10,447	222,336
(10) Net Cost Settlement Amount (L. 8 - 9) (Adjustment 7)	8,515,620	94,026	8,609,646
(11) SGF Distribution (Audited and Revised)	8,515,620	0	8,515,620
(12) SGF Due County (Adjustment 8)	<u>\$ 0</u>	<u>\$ 94,026</u>	<u>\$ 94,026</u>

(To Sch. 1)

Source:

- (1) Total CFRS SD/MC actuals after final Settlement (Col. 1) and Audit (Col. 3) for Net Direct Outpatient Services (includes Mode 05 - SF's 20-94, Mode 10, and Mode 15)
- (2) Total SD/MC paid claims (total non-hospital, including PHF's) by County Submitting Claims
- (4) SD/MC paid claims for children under 21 years of age (full scope, non-hospital, including PHF's) including new aid codes by County of Beneficiary
- (6) Cost Settled Baseline for EPSDT for FY 2003-2004, includes increase for FFS/MC provider rate increase.
- (7) Settlement amount prior to 10% match calculation (8) - (9)
- (11) SGF gross distribution (This amount reflects what is included in the audit report dated May 20, 2009.
- (12) Amount owed back to the state cannot be more than was advanced.

**SANTA CLARA COUNTY
HEALTH AND HUMAN SERVICES AGENCY
MANAGEMENT COMMENTS AND RECOMMENDATIONS
FOR FISCAL PERIOD ENDED JUNE 30, 2004**

1. COMMENT: REVISED EPSDT STATE GENERAL FUND SETTLEMENT

The attached revised Schedule 4 entitled "Computation of EPSDT State Share per Audit" shows \$94,026 due to the County in State General Funds (Line 12). However, the State General fund appropriation for fiscal year 03-04 has reverted which means that there are no SGF available with which to make such a payment. Following are quotes from pertinent sections of the Government Code concerning SGF appropriations, reversions and payments:

Section 16304

"An appropriation shall be available for encumbrance during the period specified therein, or, if otherwise not limited by law, for three years after the date upon which it first became available for encumbrance. (Emphasis added)

Section 16304.1

" Upon the expiration of two years, or four years in the case of a fund made up of federal funds, following the last day of the period of its availability, the undisbursed balance in any appropriation shall revert to and become a part of the fund from which the appropriation was made. Subsequent to reversion any unpaid encumbrance against the appropriation may be paid from the current appropriations available for the same purpose....."

Note: County's response has not been received before this audit was issued.

AUDIT ADJUSTMENTS

Provider SANTA CLARA COUNTY				Provider Number 00043	No. of Adj. 8	Fiscal Period Ended June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Audited	Increase (Decrease)	As Revised
Adj. No.	Form/ Sch.	Line	Col.				
1	MH 1966A	8	TOTAL	<u>ADJUSTMENTS TO REPORTED MEDICAL UNITS/TIME</u> <u>COUNTY PROVIDERS - PROGRAMS 1 AND 2</u>			
	MH 1966A	8A	TOTAL	MEDI-CAL UNITS 07/01/03 - 09/30/03 **	1,235,476	0	1,235,476
	MH 1966A	9	TOTAL	MEDI-CAL UNITS 10/01/03 - 06/30/04 **	3,474,426	111	3,474,537
	MH 1966A	9A	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/03 - 09/30/03 **	48,978	0	48,978
	MH 1966A	10	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/03 - 06/30/04 **	44,841	0	44,841
	MH 1966A	10A	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 07/01/03 - 09/30/03 **	7,519	0	7,519
	MH 1966A	10B	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 10/01/03 - 06/30/04 **	19,456	0	19,456
	MH 1966A	11	TOTAL	ENHANCED SD/MC (REFUGEES) UNITS 07/01/02 - 06/30/03 **	219	0	219
	MH 1966A	11A	TOTAL	HEALTHY FAMILIES (SED) UNITS 07/01/03 - 09/30/03 **	0	0	0
	MH 1966A	11A	TOTAL	HEALTHY FAMILIES (SED) UNITS 10/01/03 - 06/30/04 **	0	0	0
				TOTAL **	<u>4,830,915</u>	<u>111</u>	<u>4,831,026</u>
				To adjust the SD/MC units of service/time to reflect the latest changes to the DMH Summary of Approved Claims Report dated August 5, 2009.			
2	MH 1966A	8	TOTAL	<u>ADJUSTMENTS TO REPORTED MEDICAL UNITS/TIME</u> <u>CONTRACT PROVIDERS</u>			
	MH 1966A	8A	TOTAL	MEDI-CAL UNITS 07/01/03 - 09/30/03 **	4,268,053	0	4,268,053
	MH 1966A	9	TOTAL	MEDI-CAL UNITS 10/01/03 - 06/30/04 **	12,374,576	71,097	12,445,673
	MH 1966A	9A	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/03 - 09/30/03 **	1,010	0	1,010
	MH 1966A	10	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/03 - 06/30/04 **	384	0	384
	MH 1966A	10A	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 07/01/03 - 09/30/03 **	32,997	0	32,997
	MH 1966A	10B	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 10/01/03 - 06/30/04 **	132,232	2,235	134,467
	MH 1966A	11	TOTAL	ENHANCED SD/MC (REFUGEES) UNITS 07/01/02 - 06/30/03 **	936	0	936
	MH 1966A	11A	TOTAL	HEALTHY FAMILIES (SED) UNITS 07/01/03 - 09/30/03 **	2,008	0	2,008
	MH 1966A	11A	TOTAL	HEALTHY FAMILIES (SED) UNITS 10/01/03 - 06/30/04 **	8,946	0	8,946
				TOTAL **	<u>16,821,142</u>	<u>73,332</u>	<u>16,894,474</u>
				To adjust the SD/MC units of service/time to reflect the latest changes to the DMH Summary of Approved Claims Report dated August 5, 2009.			
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Page 2 of 4

AUDIT ADJUSTMENTS

Provider SANTA CLARA COUNTY				Provider Number 00043	No. of Adj. 8	Fiscal Period Ended June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Audited	Increase (Decrease)	As Revised
Adj. No.	Form/ Sch.	Line	Col.				
5	MH 1979 MH 1979	23 27	J J	<u>ADJUSTMENTS TO REPORTED SD/MC SETTLEMENT CONTRACT PROVIDERS</u>			
				TOTAL SD/MC REIMBURSEMENT (INCLUDES ENHANCED SD/MC)	\$ 23,462,224	\$ 240,189	\$ 23,702,413
				TOTAL HEALTHY FAMILIES REIMBURSEMENT	\$ 17,936	\$ 0	\$ 17,936
				TOTAL REIMBURSEMENT - CONTRACT PROVIDERS	\$ <u>23,480,160</u>	\$ <u>240,189</u>	\$ <u>23,720,349</u>
				To adjust the SD/MC (FFP) and Healthy Families (FFP) due to adjustments to units of service/time.			
				Achieve 00144	\$ 235,926	\$ 0	\$ 235,926
				Family & Children Services 00150	442,641	0	442,641
				AACI 00151	818,416	0	818,416
				Catholic Charities 00153	340,483	0	340,483
				Chamberlain's 00154	406,308	0	406,308
				Eastfield Ming Quong, Inc. 00156	6,581,334	0	6,581,334
				Hope Rehabilitation Services 00157	438,687	0	438,687
				Indian Health Center 00158	101,666	0	101,666
				Inn Visions 00159	60,109	0	60,109
				Mekong Community Center 00160	173,165	0	173,165
				Ujima 00163	222,923	0	222,923
				Community Solutions 00164	1,004,468	77,509	1,081,977
				Children's Health Council 00250	120,441	0	120,441
				Gardner Family Care Corp. 00251	1,741,476	0	1,741,476
				Odd-Fellow Rebeka 00255	1,913,431	0	1,913,431
				Alliance for Community Care 00689	5,676,271	162,680	5,838,951
				Grace Baptist 00716	291,824	0	291,824
				Starlight Adolescent 00840	1,692,965	0	1,692,965
				Eastern European Serv. Agy 00959	135,818	0	135,818
				Oasis Care, Inc. 01031	1,081,808	0	1,081,808
				Total	\$ <u>23,480,160</u>	\$ <u>240,189</u>	\$ <u>23,720,349</u>
* Balance carried forward to subsequent adjustment.							
** Balance brought forward from prior adjustment.							

AUDIT ADJUSTMENTS

Provider SANTA CLARA COUNTY				Provider Number 00043	No. of Adj. 8	Fiscal Period Ended June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Audited	Increase (Decrease)	As Revised
Adj. No.	Form/Sch.	Line	Col.				
				<u>ADJUSTMENTS TO AS SETTLED EPSDT STATE GENERAL FUNDS</u>			
6	SCH 4	1	3	SD/MC ACTUALS To adjust SD/MC actuals as a result of adjustments to total computable Medical Costs as reflected in the MH 1979 forms for both the County Program and its contract providers. The amounts utilized for this purpose was SD/MC and Enhanced for Outpatient services only.	\$ 57,991,015	\$ 462,141	\$ 58,453,156
7	SCH 4	10	3	NET COST SETTLEMENT AMOUNT To adjust net cost settlement amount as a result of adjustments to SD/MC actuals (Total Computable Medical).	\$ 8,515,620	\$ 94,026	\$ 8,609,646
8	SCH 4	11	3	STATE GENERAL FUNDS DUE COUNTY To adjust state general funds due County to incorporate the results of adjustments 6 and 7 above.	\$ 0	\$ 94,026	\$ 94,026
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.			

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

CALCULATION OF PROGRAM COSTS
MH 1960 (08/04)

FISCAL YEAR 2003 - 2004

County: SANTA CLARA COUNTY
 County Code: 43

Legal Entity: SANTA CLARA COUNTY		A	B	C
Legal Entity Number: 00043		Salaries and Benefits	Other	Total Costs
1	Mental Health Expenditures	33,082,121	166,183,119	199,265,240
2	Encumbrances			
3	Less: Payments to Contract Providers (County Only)		(71,761,928)	(71,761,928)
4	Other Adjustments from MH 1962	(2,180,704)	(13,496,554)	(15,677,258)
5	Total Costs Before Medi-Cal Adjustments	30,901,417	80,924,637	111,826,054
6	Medi-Cal Adjustments from MH 1961		(15,967,137)	(15,967,137)
7	Managed Care Consolidation (County Only)			
8	Allowable Costs for Allocation			95,858,917
	Administrative Costs (County Only)			
9	SD/MC Administration			13,066,075
10	Healthy Families Administration			0
11	Non-SD/MC Administration			11,498,422
12	Total Administrative Costs			24,564,497
	Utilization Review Costs (County Only)			
13	Skilled Professional Medical Personnel			715,469
14	Other SD/MC Utilization Review			192,996
15	Non-SD/MC Utilization Review			788,470
16	Total Utilization Review Costs			1,696,935
17	Research and Evaluation (County Only)			
18	Mode Costs (Direct Service and MAA)			69,597,485
19	Total Costs - Lines 9 through 18			95,858,917

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
MEDI-CAL ADJUSTMENTS TO COSTS
MH 1961 (08/04)

DEPARTMENT OF MENTAL HEALTH
FISCAL YEAR 2003 - 2004

County: SANTA CLARA COUNTY
County Code: 43

Legal Entity: SANTA CLARA COUNTY		A	B	C
Legal Entity Number: 00043		Salaries and Benefits	Other	Total Adjustments
Per Original Cost Report				
1	Reverse prior year claim		(401,469)	(401,469)
2	Adjustment to Obj 7		1,840,311	1,840,311
3	Eliminate the equipment purchased in Obj 4		(122,386)	(122,386)
4	Depreciation of building & equipment		104,272	104,272
5	Misc. revenue offset		(179,430)	(179,430)
6	Year end Audit Adjustment		(11,864,736)	(11,864,736)
7	Adj the year end audit entries related to py		3,763,442	3,763,442
8			(10,590,852)	(10,590,852)
9	Per Audit			
10	To adjust the equipment purchased in Obj 4 to			
11	reflect the amount that should have been taken		99,197	99,197
12	To adjust Depreciation of building & equipment to			
13	reflect the allowable amount		(18,431)	(18,431)
14	To adjust Y/E audit entries related to the prior year			
15	to reflect the audited amount		1,402,945	1,402,945
16				
17				
18				
19				
20				
21				
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23				
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				
34				
35	Total Adjustments		(15,967,137)	(15,967,137)

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

OTHER ADJUSTMENTS

MH 1962 (08/04)

FISCAL YEAR 2003 - 2004

County: SANTA CLARA COUNTY
County Code: 43

Legal Entity: SANTA CLARA COUNTY		A	B	C
Legal Entity Number: 00043		Salaries and Benefits	Other	Total Adjustments
Per Original Cost Report				
1	State Hospital		(4,483,536)	(4,483,536)
2	Highview OBS Facility		290,147	290,147
3	Board and Care Contracts SB 155		(1,505,740)	(1,505,740)
4	State Hospital/IMD Staff	(1,186,219)	(44,514)	(1,230,733)
5	IMD's		(13,125,755)	(13,125,755)
6	Charter Hospital		(4,617,439)	(4,617,439)
7	Cross System Evaluation	(222,204)	(58,665)	(280,869)
8	Alcohol & Drug Program	(772,281)	(36,578)	(808,859)
9	Reverse SCVMC est. IP/EPS Cost		(26,003,100)	(26,003,100)
10	To incorporate actual Dir Svc IP/EPS		32,684,002	32,684,002
11	Adj the IP & OP Consolidation to actual claim		(433,005)	(433,005)
12	Per Audit			
13	To adjust IP/EPS costs to agree with the GL		433,853	433,853
14	To adjust Dir Svc IP/EPS to reflect actual expenditures		(99,841)	(99,841)
15	To adjust Board & Care to reflect actual expenditures		75,360	75,360
16	To adjust IMD to reflect actual IMD costs		1,957,877	1,957,877
17	To adjust Charter Hospital to agree with County records		4,278,859	4,278,859
18	To exclude Charter Adult costs per County records		(1,848,004)	(1,848,004)
19	To adjust FFS to reflect the actual claims		42,320	42,320
20	To eliminate I/P consolidation reported on MH 1960		(1,002,795)	(1,002,795)
21	Total Adjustments	(2,180,704)	(13,496,554)	(15,677,258)

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO MODES OF SERVICE
MH 1964 (08/04)

DEPARTMENT OF MENTAL HEALTH

FISCAL YEAR 2003 - 2004

County: SANTA CLARA COUNTY
County Code: 43

Legal Entity: SANTA CLARA COUNTY		A
Legal Entity Number: 00043		Total Costs
1	Mode Costs (Direct Service and MAA) from MH 1960	69,597,485
	Modes	
2	Hospital Inpatient Services (Mode 05-SFC 10-19)	21,204,905
3	Other 24 Hour Services (Mode 05-All Other SFC)	6,963,499
4	Day Services (Mode 10)	10,536,306
5	Outpatient Services (Mode 15 Program 1 + Program 2)	30,049,902
6	Outreach Services (Mode 45)	114,758
7	Medi-Cal Administrative Activities (Mode 55)	728,115
8	Support Services (Mode 60)	
9	Total - Lines 2 through 8	69,597,485

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

PAGE 1 OF 1

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: SANTA CLARA COUNTY
County Code: 43

NR CR

Legal Entity: SANTA CLARA COUNTY			A	B	C	D	E	F	G
Legal Entity Number: 00043			Mode Total	Service	Service	Service	Service	Service	Service
Mode: 05 - Hospital Inpatient (SFC 10-19)				Function	Function	Function	Function	Function	Function
				10	19				
1	Allocation Percentage		100.00%	74.37%	25.63%				
2	Total Units			13,109	4,517				
3	Gross Cost		21,204,905	15,770,740	5,434,165				
4	Cost per Unit			1,203.05	1,203.05				
5	SMA per Unit			873.40	236.78				
6	Published Charge per Unit			1,056.00	1,056.00				
7	Negotiated Rate / Cost per Unit			873.40	236.78				
8	Medi-Cal Units	07/01/03 - 09/30/03		1,118	514				
8A		10/01/03 - 06/30/04		3,300	1,895				
9	Medicare/Medi-Cal Crossover Units	07/01/03 - 09/30/03		884	41				
9A		10/01/03 - 06/30/04							
10	Enhanced SD/MC (Children) Units	07/01/03 - 09/30/03							
10A		10/01/03 - 06/30/04							
10B	Enhanced SD/MC (Refugees) Units	07/01/03 - 06/30/04							
11		07/01/03 - 09/30/03							
11A	Healthy Families (SED) Units	10/01/03 - 06/30/04							
12		Non-Medi-Cal Units		7,807	2,067				
13	Medi-Cal Costs	07/01/03 - 09/30/03	1,963,373	1,345,006	618,366				
13A		10/01/03 - 06/30/04	6,249,829	3,970,054	2,279,775				
14	Medi-Cal SMA Upper Limits	07/01/03 - 09/30/03	1,289,478	976,461	313,017				
14A		10/01/03 - 06/30/04	3,872,028	2,882,220	989,808				
15	Medi-Cal Published Charges	07/01/03 - 09/30/03	1,723,392	1,180,608	542,784				
15A		10/01/03 - 06/30/04	5,485,920	3,484,800	2,001,120				
16	Medi-Cal Negotiated Rates	07/01/03 - 09/30/03	1,289,478	976,461	313,017				
16A		10/01/03 - 06/30/04	3,872,028	2,882,220	989,808				
17	Medicare/Medi-Cal Crossover Costs	07/01/03 - 09/30/03	1,112,818	1,063,493	49,325				
17A		10/01/03 - 06/30/04							
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/03 - 09/30/03	772,086	772,086					
18A		10/01/03 - 06/30/04							
19	Medicare/Medi-Cal Crossover Published Charges	07/01/03 - 09/30/03	976,800	933,504	43,296				
19A		10/01/03 - 06/30/04							
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/03 - 09/30/03	772,086	772,086					
20A		10/01/03 - 06/30/04							
21	Enhanced SD/MC (Children) Costs	07/01/03 - 09/30/03							
21A		10/01/03 - 06/30/04							
22	Enhanced SD/MC (Children) SMA Upper Limits	07/01/03 - 09/30/03							
22A		10/01/03 - 06/30/04							
23	Enhanced SD/MC (Children) Published Charges	07/01/03 - 09/30/03							
23A		10/01/03 - 06/30/04							
24	Enhanced SD/MC (Children) Negotiated Rates	07/01/03 - 09/30/03							
24A		10/01/03 - 06/30/04							
25	Enhanced SD/MC (Refugees) Costs	07/01/03 - 06/30/04							
26		Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/03 - 06/30/04						
27	Enhanced SD/MC (Refugees) Published Charges	07/01/03 - 06/30/04							
28		Enhanced SD/MC (Refugees) Negotiated Rates	07/01/03 - 06/30/04						
29	Healthy Families Costs	07/01/03 - 09/30/03							
29A		10/01/03 - 06/30/04							
30	Healthy Families SMA Upper Limits	07/01/03 - 09/30/03							
30A		10/01/03 - 06/30/04							
31	Healthy Families Published Charges	07/01/03 - 09/30/03							
31A		10/01/03 - 06/30/04							
32	Healthy Families Negotiated Rates	07/01/03 - 09/30/03							
32A		10/01/03 - 06/30/04							
33	Non-Medi-Cal Costs		11,878,885	9,392,186	2,486,699				

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: SANTA CLARA COUNTY
County Code: 43

CR

Legal Entity: SANTA CLARA COUNTY		A	B	C	D	E	F	G
Legal Entity Number: 00043			Service	Service	Service	Service	Service	Service
Mode: 05 - Other 24 Hour Services (All Other SFC)		Mode Total	Function	Function	Function	Function	Function	Function
			50					
1	Allocation Percentage	100.00%	100.00%					
2	Total Units		13,986					
3	Gross Cost	6,963,499	6,963,499					
4	Cost per Unit		497.89					
5	SMA per Unit							
6	Published Charge per Unit							
7	Negotiated Rate / Cost per Unit		497.89					
8	Medi-Cal Units	07/01/03 - 09/30/03						
8A		10/01/03 - 06/30/04						
9	Medicare/Medi-Cal Crossover Units	07/01/03 - 09/30/03						
9A		10/01/03 - 06/30/04						
10	Enhanced SD/MC (Children) Units	07/01/03 - 09/30/03						
10A		10/01/03 - 06/30/04						
10B	Enhanced SD/MC (Refugees) Units	07/01/03 - 06/30/04						
11	Healthy Families (SED) Units	07/01/03 - 09/30/03						
11A		10/01/03 - 06/30/04						
12	Non-Medi-Cal Units		13,986					
13	Medi-Cal Costs	07/01/03 - 09/30/03						
13A		10/01/03 - 06/30/04						
14	Medi-Cal SMA Upper Limits	07/01/03 - 09/30/03						
14A		10/01/03 - 06/30/04						
15	Medi-Cal Published Charges	07/01/03 - 09/30/03						
15A		10/01/03 - 06/30/04						
16	Medi-Cal Negotiated Rates	07/01/03 - 09/30/03						
16A		10/01/03 - 06/30/04						
17	Medicare/Medi-Cal Crossover Costs	07/01/03 - 09/30/03						
17A		10/01/03 - 06/30/04						
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/03 - 09/30/03						
18A		10/01/03 - 06/30/04						
19	Medicare/Medi-Cal Crossover Published Charges	07/01/03 - 09/30/03						
19A		10/01/03 - 06/30/04						
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/03 - 09/30/03						
20A		10/01/03 - 06/30/04						
21	Enhanced SD/MC Costs	07/01/03 - 09/30/03						
21A		10/01/03 - 06/30/04						
22	Enhanced SD/MC SMA Upper Limits	07/01/03 - 09/30/03						
22A		10/01/03 - 06/30/04						
23	Enhanced SD/MC Published Charges	07/01/03 - 09/30/03						
23A		10/01/03 - 06/30/04						
24	Enhanced SD/MC Negotiated Rates	07/01/03 - 09/30/03						
24A		10/01/03 - 06/30/04						
25	Enhanced SD/MC (Refugees) Costs	07/01/03 - 06/30/04						
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/03 - 06/30/04						
27	Enhanced SD/MC (Refugees) Published Charges	07/01/03 - 06/30/04						
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/03 - 06/30/04						
29	Healthy Families Costs	07/01/03 - 09/30/03						
29A		10/01/03 - 06/30/04						
30	Healthy Families SMA Upper Limits	07/01/03 - 09/30/03						
30A		10/01/03 - 06/30/04						
31	Healthy Families Published Charges	07/01/03 - 09/30/03						
31A		10/01/03 - 06/30/04						
32	Healthy Families Negotiated Rates	07/01/03 - 09/30/03						
32A		10/01/03 - 06/30/04						
33	Non-Medi-Cal Costs		6,963,499	6,963,499				

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: SANTA CLARA COUNTY

County Code: 43

NR

Legal Entity: SANTA CLARA COUNTY			A	B	C	D	E	F	G
Legal Entity Number: 00043				Service	Service	Service	Service	Service	Service
Mode: 10 - Day Services			Mode Total	Function	Function	Function	Function	Function	Function
				20					
1	Allocation Percentage		100.00%	100.00%					
2	Total Units			106,736					
3	Gross Cost		10,536,306	10,536,306					
4	Cost per Unit			98.71					
5	SMA per Unit			85.68					
6	Published Charge per Unit			98.62					
7	Negotiated Rate / Cost per Unit			85.68					
8	Medi-Cal Units	07/01/03 - 09/30/03		7,757					
8A		10/01/03 - 06/30/04		17,498					
9	Medicare/Medi-Cal Crossover Units	07/01/03 - 09/30/03		2,356					
9A		10/01/03 - 06/30/04							
10	Enhanced SD/MC (Children) Units	07/01/03 - 09/30/03		30					
10A		10/01/03 - 06/30/04		73					
10B	Enhanced SD/MC (Refugees) Units	07/01/03 - 06/30/04		9					
11	Healthy Families (SED) Units	07/01/03 - 09/30/03							
11A		10/01/03 - 06/30/04							
12	Non-Medi-Cal Units			79,013					
13	Medi-Cal Costs	07/01/03 - 09/30/03	765,722	765,722					
13A		10/01/03 - 06/30/04	1,727,292	1,727,292					
14	Medi-Cal SMA Upper Limits	07/01/03 - 09/30/03	664,620	664,620					
14A		10/01/03 - 06/30/04	1,499,229	1,499,229					
15	Medi-Cal Published Charges	07/01/03 - 09/30/03	764,995	764,995					
15A		10/01/03 - 06/30/04	1,725,653	1,725,653					
16	Medi-Cal Negotiated Rates	07/01/03 - 09/30/03	664,620	664,620					
16A		10/01/03 - 06/30/04	1,499,229	1,499,229					
17	Medicare/Medi-Cal Crossover Costs	07/01/03 - 09/30/03	232,569	232,569					
17A		10/01/03 - 06/30/04							
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/03 - 09/30/03	201,862	201,862					
18A		10/01/03 - 06/30/04							
19	Medicare/Medi-Cal Crossover Published Charges	07/01/03 - 09/30/03	232,349	232,349					
19A		10/01/03 - 06/30/04							
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/03 - 09/30/03	201,862	201,862					
20A		10/01/03 - 06/30/04							
21	Enhanced SD/MC Costs	07/01/03 - 09/30/03	2,961	2,961					
21A		10/01/03 - 06/30/04	7,206	7,206					
22	Enhanced SD/MC SMA Upper Limits	07/01/03 - 09/30/03	2,570	2,570					
22A		10/01/03 - 06/30/04	6,255	6,255					
23	Enhanced SD/MC Published Charges	07/01/03 - 09/30/03	2,959	2,959					
23A		10/01/03 - 06/30/04	7,199	7,199					
24	Enhanced SD/MC Negotiated Rates	07/01/03 - 09/30/03	2,570	2,570					
24A		10/01/03 - 06/30/04	6,255	6,255					
25	Enhanced SD/MC (Refugees) Costs	07/01/03 - 06/30/04	888	888					
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/03 - 06/30/04	771	771					
27	Enhanced SD/MC (Refugees) Published Charges	07/01/03 - 06/30/04	888	888					
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/03 - 06/30/04	771	771					
29	Healthy Families Costs	07/01/03 - 09/30/03							
29A		10/01/03 - 06/30/04							
30	Healthy Families SMA Upper Limits	07/01/03 - 09/30/03							
30A		10/01/03 - 06/30/04							
31	Healthy Families Published Charges	07/01/03 - 09/30/03							
31A		10/01/03 - 06/30/04							
32	Healthy Families Negotiated Rates	07/01/03 - 09/30/03							
32A		10/01/03 - 06/30/04							
33	Non-Medi-Cal Costs		7,799,666	7,799,666					

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: SANTA CLARA COUNTY County Code: 43			NR	NR	NR	NR	F	G
Legal Entity: SANTA CLARA COUNTY			A	B	C	D	E	
Legal Entity Number: 00043				Service	Service	Service	Service	
Mode: 15 - Outpatient (Program 1)			Mode Total	Function	Function	Function	Function	Service
				01	10	60	70	Function
1	Allocation Percentage		100.00%	23.61%	52.19%	22.84%	1.36%	
2	Total Units			3,421,141	5,864,570	1,385,730	102,820	
3	Gross Cost		28,840,166	6,808,769	15,052,016	6,585,770	393,611	
4	Cost per Unit			1.99	2.57	4.75	3.83	
5	SMA per Unit			1.83	2.36	4.37	3.52	
6	Published Charge per Unit			2.10	2.71	5.03	4.05	
7	Negotiated Rate / Cost per Unit			1.83	2.36	4.37	3.52	
8	Medi-Cal Units	07/01/03 - 09/30/03		426,013	588,264	119,888	12,057	
8A		10/01/03 - 06/30/04		1,301,736	1,513,629	358,601	30,508	
9	Medicare/Medi-Cal Crossover Units	07/01/03 - 09/30/03			2,864	42,833		
9A		10/01/03 - 06/30/04		763	4,863	39,215		
10	Enhanced SD/MC (Children) Units	07/01/03 - 09/30/03		1,812	4,932	255		
10A		10/01/03 - 06/30/04		4,628	13,217	1,418	120	
10B	Enhanced SD/MC (Refugees) Units	07/01/03 - 06/30/04						
11	Healthy Families (SED) Units	07/01/03 - 09/30/03						
11A		10/01/03 - 06/30/04						
12	Non-Medi-Cal Units			1,686,189	3,736,801	823,520	60,135	
13	Medi-Cal Costs	07/01/03 - 09/30/03	2,973,624	847,853	1,509,839	569,775	46,156	
13A		10/01/03 - 06/30/04	8,296,667	2,590,720	3,884,883	1,704,274	116,789	
14	Medi-Cal SMA Upper Limits	07/01/03 - 09/30/03	2,734,258	779,604	1,388,303	523,911	42,441	
14A		10/01/03 - 06/30/04	7,628,816	2,382,177	3,572,164	1,567,086	107,388	
15	Medi-Cal Published Charges	07/01/03 - 09/30/03	3,140,690	894,627	1,594,195	603,037	48,831	
15A		10/01/03 - 06/30/04	8,762,901	2,733,646	4,101,935	1,803,763	123,557	
16	Medi-Cal Negotiated Rates	07/01/03 - 09/30/03	2,734,258	779,604	1,388,303	523,911	42,441	
16A		10/01/03 - 06/30/04	7,628,816	2,382,177	3,572,164	1,567,086	107,388	
17	Medicare/Medi-Cal Crossover Costs	07/01/03 - 09/30/03	210,917		7,351	203,567		
17A		10/01/03 - 06/30/04	200,372	1,519	12,481	186,372		
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/03 - 09/30/03	193,939		6,759	187,180		
18A		10/01/03 - 06/30/04	184,243	1,396	11,477	171,370		
19	Medicare/Medi-Cal Crossover Published Charges	07/01/03 - 09/30/03	223,211		7,761	215,450		
19A		10/01/03 - 06/30/04	212,032	1,602	13,179	197,251		
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/03 - 09/30/03	193,939		6,759	187,180		
20A		10/01/03 - 06/30/04	184,243	1,396	11,477	171,370		
21	Enhanced SD/MC Costs	07/01/03 - 09/30/03	17,477	3,606	12,658	1,212		
21A		10/01/03 - 06/30/04	50,332	9,211	33,923	6,739	459	
22	Enhanced SD/MC SMA Upper Limits	07/01/03 - 09/30/03	16,070	3,316	11,640	1,114		
22A		10/01/03 - 06/30/04	46,280	8,469	31,192	6,197	422	
23	Enhanced SD/MC Published Charges	07/01/03 - 09/30/03	18,454	3,805	13,366	1,283		
23A		10/01/03 - 06/30/04	53,155	9,719	35,818	7,133	486	
24	Enhanced SD/MC Negotiated Rates	07/01/03 - 09/30/03	16,070	3,316	11,640	1,114		
24A		10/01/03 - 06/30/04	46,280	8,469	31,192	6,197	422	
25	Enhanced SD/MC (Refugees) Costs	07/01/03 - 06/30/04						
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/03 - 06/30/04						
27	Enhanced SD/MC (Refugees) Published Charges	07/01/03 - 06/30/04						
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/03 - 06/30/04						
29	Healthy Families Costs	07/01/03 - 09/30/03						
29A		10/01/03 - 06/30/04						
30	Healthy Families SMA Upper Limits	07/01/03 - 09/30/03						
30A		10/01/03 - 06/30/04						
31	Healthy Families Published Charges	07/01/03 - 09/30/03						
31A		10/01/03 - 06/30/04						
32	Healthy Families Negotiated Rates	07/01/03 - 09/30/03						
32A		10/01/03 - 06/30/04						
33	Non-Medi-Cal Costs		17,090,778	3,355,860	9,590,880	3,913,831	230,206	

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: SANTA CLARA COUNTY
County Code: 43

County Code: 43			ASO		ASO	MHS	MHS	MHS	MHS
Legal Entity: SANTA CLARA COUNTY			A	B	C	D	E	F	G
Legal Entity Number: 00043			Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 15 - Outpatient (Program 2)				10	60	10	60	11	12
1	Allocation Percentage		100.00%	4.58%	0.42%	3.53%	88.40%	0.96%	1.98%
2	Total Units			87,585	1,830	23,665	376,220	10,740	22,125
3	Gross Cost		1,209,737	55,453	5,042	42,729	1,069,351	11,553	23,898
4	Cost per Unit			0.63	2.76	1.81	2.84	1.08	1.08
5	SMA per Unit			2.36	4.37	2.36	4.37	2.36	2.36
6	Published Charge per Unit								
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units	07/01/03 - 09/30/03			15	5,280	66,440	3,360	4,770
8A		10/01/03 - 06/30/04		21,750	315	13,295	191,985	3,840	16,185
9	Medicare/Medi-Cal Crossover Units	07/01/03 - 09/30/03							
9A		10/01/03 - 06/30/04							
10	Enhanced SD/MC Units	07/01/03 - 09/30/03				490			
10A		10/01/03 - 06/30/04							
10B	Enhanced SD/MC (Refugees) Units	07/01/03 - 06/30/04				180	30		
11	Healthy Families (SED) Units	07/01/03 - 09/30/03							
11A		10/01/03 - 06/30/04							
12	Non-Medi-Cal Units			65,835	1,500	4,910	117,275	3,540	1,170
13	Medi-Cal Costs	07/01/03 - 09/30/03	207,187		41	9,533	188,846	3,614	5,152
13A		10/01/03 - 06/30/04	605,946	13,771	868	24,005	545,690	4,131	17,482
14	Medi-Cal SMA Upper Limits	07/01/03 - 09/30/03	322,056		66	12,461	290,343	7,930	11,257
14A		10/01/03 - 06/30/04	970,316	51,330	1,377	31,376	838,974	9,062	38,197
15	Medi-Cal Published Charges								
15A		10/01/03 - 06/30/04							
16	Medi-Cal Negotiated Rates	07/01/03 - 09/30/03							
16A		10/01/03 - 06/30/04							
17	Medicare/Medi-Cal Crossover Costs	07/01/03 - 09/30/03							
17A		10/01/03 - 06/30/04							
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/03 - 09/30/03							
18A		10/01/03 - 06/30/04							
19	Medicare/Medi-Cal Crossover Published Charges	07/01/03 - 09/30/03							
19A		10/01/03 - 06/30/04							
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/03 - 09/30/03							
20A		10/01/03 - 06/30/04							
21	Enhanced SD/MC Costs	07/01/03 - 09/30/03	1,393				1,393		
21A		10/01/03 - 06/30/04							
22	Enhanced SD/MC SMA Upper Limits	07/01/03 - 09/30/03	2,141				2,141		
22A		10/01/03 - 06/30/04							
23	Enhanced SD/MC Published Charges	07/01/03 - 09/30/03							
23A		10/01/03 - 06/30/04							
24	Enhanced SD/MC Negotiated Rates	07/01/03 - 09/30/03							
24A		10/01/03 - 06/30/04							
25	Enhanced SD/MC (Refugees) Costs	07/01/03 - 06/30/04	410			325	85		
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/03 - 06/30/04	556			425	131		
27	Enhanced SD/MC (Refugees) Published Charges	07/01/03 - 06/30/04							
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/03 - 06/30/04							
29	Healthy Families Costs	07/01/03 - 09/30/03							
29A		10/01/03 - 06/30/04							
30	Healthy Families SMA Upper Limits	07/01/03 - 09/30/03							
30A		10/01/03 - 06/30/04							
31	Healthy Families Published Charges	07/01/03 - 09/30/03							
31A		10/01/03 - 06/30/04							
32	Healthy Families Negotiated Rates	07/01/03 - 09/30/03							
32A		10/01/03 - 06/30/04							
33	Non-Medi-Cal Costs		394,800	41,682	4,133	8,865	333,337	3,808	1,264

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: SANTA CLARA COUNTY
County Code: 43

MHS

MHS

Legal Entity: SANTA CLARA COUNTY			H	I	J	K	L	M	N
Legal Entity Number: 00043			Service	Service	Service	Service	Service	Service	Service
Mode: 15 - Outpatient (Program 2)			Function	Function	Function	Function	Function	Function	Function
			13	61					
1	Allocation Percentage		0.02%	0.13%					
2	Total Units		225	1,010					
3	Gross Cost		193	1,518					
4	Cost per Unit		0.86	1.50					
5	SMA per Unit		2.36	4.37					
6	Published Charge per Unit								
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units	07/01/03 - 09/30/03							
8A		10/01/03 - 06/30/04							
9	Medicare/Medi-Cal Crossover Units	07/01/03 - 09/30/03							
9A		10/01/03 - 06/30/04							
10	Enhanced SD/MC Units	07/01/03 - 09/30/03							
10A		10/01/03 - 06/30/04							
10B	Enhanced SD/MC (Refugees) Units	07/01/03 - 06/30/04							
11	Healthy Families (SED) Units	07/01/03 - 09/30/03							
11A		10/01/03 - 06/30/04							
12	Non-Medi-Cal Units		225	1,010					
13	Medi-Cal Costs	07/01/03 - 09/30/03							
13A		10/01/03 - 06/30/04							
14	Medi-Cal SMA Upper Limits	07/01/03 - 09/30/03							
14A		10/01/03 - 06/30/04							
15	Medi-Cal Published Charges	07/01/03 - 09/30/03							
15A		10/01/03 - 06/30/04							
16	Medi-Cal Negotiated Rates	07/01/03 - 09/30/03							
16A		10/01/03 - 06/30/04							
17	Medicare/Medi-Cal Crossover Costs	07/01/03 - 09/30/03							
17A		10/01/03 - 06/30/04							
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/03 - 09/30/03							
18A		10/01/03 - 06/30/04							
19	Medicare/Medi-Cal Crossover Published Charges	07/01/03 - 09/30/03							
19A		10/01/03 - 06/30/04							
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/03 - 09/30/03							
20A		10/01/03 - 06/30/04							
21	Enhanced SD/MC Costs	07/01/03 - 09/30/03							
21A		10/01/03 - 06/30/04							
22	Enhanced SD/MC SMA Upper Limits	07/01/03 - 09/30/03							
22A		10/01/03 - 06/30/04							
23	Enhanced SD/MC Published Charges	07/01/03 - 09/30/03							
23A		10/01/03 - 06/30/04							
24	Enhanced SD/MC Negotiated Rates	07/01/03 - 09/30/03							
24A		10/01/03 - 06/30/04							
25	Enhanced SD/MC (Refugees) Costs	07/01/03 - 06/30/04							
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/03 - 06/30/04							
27	Enhanced SD/MC (Refugees) Published Charges	07/01/03 - 06/30/04							
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/03 - 06/30/04							
29	Healthy Families Costs	07/01/03 - 09/30/03							
29A		10/01/03 - 06/30/04							
30	Healthy Families SMA Upper Limits	07/01/03 - 09/30/03							
30A		10/01/03 - 06/30/04							
31	Healthy Families Published Charges	07/01/03 - 09/30/03							
31A		10/01/03 - 06/30/04							
32	Healthy Families Negotiated Rates	07/01/03 - 09/30/03							
32A		10/01/03 - 06/30/04							
33	Non-Medi-Cal Costs		193	1,518					

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH
PAGE 1 OF 1

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: SANTA CLARA COUNTY
County Code: 43

CR

Legal Entity: SANTA CLARA COUNTY		A	B	C	D	E	F	G
Legal Entity Number: 00043		Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 45 - Outreach			10					
1	Allocation Percentage	100.00%	100.00%					
2	Total Units							
3	Gross Cost	114,758	114,758					
4	Cost per Unit							
5	Non-Medi-Cal Units							
6	Non-Medi-Cal Costs	114,758	114,758					

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH
PAGE 1 OF 1

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: SANTA CLARA COUNTY

County Code: 43

		MAA	MAA	MAA			
Legal Entity: SANTA CLARA COUNTY		A	B	C	D	E	G
Legal Entity Number: 00043			Service	Service	Service	Service	Service
Mode: 55 - Medi-Cal Administrative Activities		Mode Total	Function	Function	Function	Function	Function
			07	14	24		
1	Allocation Percentage	100.00%	1.34%	90.16%	8.49%		
2	Total Units		10,755	536,085	22,290		
3	Total Expenditures	728,115	9,782	656,497	61,836		
4	Cost per Unit		0.91	1.22	2.77		
5	Non-Medi-Cal Costs	342,699					

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DETAIL COST REPORT

DEPARTMENT OF MENTAL HEALTH

DETERMINATION OF SD/MC DIRECT SERVICE AND MAA REIMBURSEMENT
MH 1968 (08/04)

FISCAL YEAR 2003 - 2004

County: SANTA CLARA COUNTY County Code: 43			REIMBURSEMENT TYPE				SMA				Costs	
Legal Entity: SANTA CLARA COUNTY Legal Entity Number: 00043			A	B	C	D	E	F	G	H	I	K
			S. F.'s 01-09	Mode 55 S. F.'s 11-19, 31-39	S. F.'s 21-29	Total MAA	Total Inpatient Mode 05- Hospital	Mode 05-All Other	Mode 10	Mode 15 Program (1)	Total Outpatient Exclude Program (2)	Total Outpatient Program (2)
1	Medi-Cal Costs	07/01/03 - 09/30/03					1,963,373		765,722	2,973,624	3,739,346	207,187
1A		10/01/03 - 06/30/04					6,249,829		1,727,292	8,296,667	10,023,959	605,946
2	Medi-Cal SMA	07/01/03 - 09/30/03					1,289,478		664,620	2,734,258	3,398,878	322,056
2A		10/01/03 - 06/30/04					3,872,028		1,499,229	7,628,816	9,128,044	970,316
3	Medi-Cal P. C.	07/01/03 - 09/30/03					1,723,392		764,995	3,140,690	3,905,686	3,905,686
3A		10/01/03 - 06/30/04					5,485,920		1,725,653	8,762,901	10,488,553	10,488,553
4	Medi-Cal N. R.	07/01/03 - 09/30/03					1,289,478		664,620	2,734,258	3,398,878	3,398,878
4A		10/01/03 - 06/30/04					3,872,028		1,499,229	7,628,816	9,128,044	9,128,044
5	Medi-Cal Gross Reimbursement	07/01/03 - 09/30/03					1,289,478		664,620	2,734,258	3,398,878	207,187
5A		10/01/03 - 06/30/04					3,872,028		1,499,229	7,628,816	9,128,044	605,946
6	Medicare/Medi-Cal Crossover Cost	07/01/03 - 09/30/03					1,112,818		232,569	210,917	443,487	443,487
6A		10/01/03 - 06/30/04								200,372	200,372	200,372
7	Medicare/Medi-Cal Crossover SMA	07/01/03 - 09/30/03					772,086		201,862	193,939	395,801	395,801
7A		10/01/03 - 06/30/04								184,243	184,243	184,243
8	Medicare/Medi-Cal Crossover P. C.	07/01/03 - 09/30/03					976,800		232,349	223,211	455,560	455,560
8A		10/01/03 - 06/30/04								212,032	212,032	212,032
9	Medicare/Medi-Cal Crossover N. R.	07/01/03 - 09/30/03					772,086		201,862	193,939	395,801	395,801
9A		10/01/03 - 06/30/04								184,243	184,243	184,243
10	Medicare/Medi-Cal Crossover Gross Reim.	07/01/03 - 09/30/03					772,086		201,862	193,939	395,801	395,801
10A		10/01/03 - 06/30/04								184,243	184,243	184,243
11	Total SD/MC + Crossover Gross Reim.	07/01/03 - 09/30/03					2,061,563		866,482	2,928,197	3,794,679	207,187
11A		10/01/03 - 06/30/04					3,872,028		1,499,229	7,813,058	9,312,287	605,946
12	Enhanced SD/MC (Children) Cost	07/01/03 - 09/30/03							2,961	17,477	20,438	1,393
12A		10/01/03 - 06/30/04							7,206	50,332	57,538	57,538
13	Enhanced SD/MC (Children) SMA	07/01/03 - 09/30/03							2,570	16,070	18,640	2,141
13A		10/01/03 - 06/30/04							6,255	46,280	52,535	52,535
14	Enhanced SD/MC (Children) P. C.	07/01/03 - 09/30/03							2,959	18,454	21,412	21,412
14A		10/01/03 - 06/30/04							7,199	53,155	60,355	60,355
15	Enhanced SD/MC (Children) N. R.	07/01/03 - 09/30/03							2,570	16,070	18,640	18,640
15A		10/01/03 - 06/30/04							6,255	46,280	52,535	52,535
16	Enhanced SD/MC (Children) Gross Reim.	07/01/03 - 09/30/03							2,570	16,070	18,640	1,393
16A		10/01/03 - 06/30/04							6,255	46,280	52,535	52,535
17	Enhanced SD/MC (Refugees) Cost	07/01/03 - 06/30/04							888		888	410
18	Enhanced SD/MC (Refugees) SMA	07/01/03 - 06/30/04							771		771	556
19	Enhanced SD/MC (Refugees) P. C.	07/01/03 - 06/30/04							888		888	888
20	Enhanced SD/MC (Refugees) N. R.	07/01/03 - 06/30/04							771		771	771
21	Total Medi-Cal Gross Reimbursement	07/01/03 - 09/30/03					2,061,563		869,052	2,944,267	3,813,319	208,580
21A	(Excludes Refugees)	10/01/03 - 06/30/04					3,872,028		1,505,483	7,859,339	9,364,822	605,946
22	Enhanced SD/MC (Refugees) Gross Reim.	07/01/03 - 06/30/04							771		771	410
23	Healthy Families Cost	07/01/03 - 09/30/03										
23A		10/01/03 - 06/30/04										
24	Healthy Families SMA	07/01/03 - 09/30/03										
24A		10/01/03 - 06/30/04										
25	Healthy Families P. C.	07/01/03 - 09/30/03										
25A		10/01/03 - 06/30/04										
26	Healthy Families N. R.	07/01/03 - 09/30/03										
26A		10/01/03 - 06/30/04										
27	Healthy Families Gross Reim.	07/01/03 - 09/30/03										
27A		10/01/03 - 06/30/04										
28	Less: Patient and Other Payor Revenue											
28A	SD/MC + Crossover Revenue	07/01/03 - 09/30/03					785,802		178,052		178,052	178,052
29	Enhanced SD/MC (Children) Revenue	10/01/03 - 06/30/04										
30	Enhanced SD/MC (Refugees) Revenue											
31	Healthy Families Revenue											
32	Total Expenditures from MAA (Mode 55)		9,782	656,497	61,836	728,115						
33	Medi-Cal Eligibility Factor (Average)			52.29%								
34	Revenue - MAA											
35	Net Due - SD/MC for Direct Services	07/01/03 - 09/30/03	9,782	343,299	32,336	385,416	1,275,761		691,000	2,944,267	3,635,267	208,580
35A		10/01/03 - 06/30/04					3,872,028		1,505,483	7,859,339	9,364,822	605,946
36	Net Due - Enhanced SD/MC (Refugees)	07/01/03 - 09/30/03							771		771	410
37	Net Due - Healthy Families	10/01/03 - 06/30/04										
37A												
38	Amount Negotiated Rates Exceed Costs											
38A	SD/MC (Includes Children)	07/01/03 - 09/30/03										
39	Enhanced SD/MC (Refugees)	10/01/03 - 06/30/04										
40	Healthy Families	07/01/03 - 09/30/03										
40A		10/01/03 - 06/30/04										

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

DETAIL COST REPORT

SD/MC PRELIMINARY DESK SETTLEMENT
MH 1979 (08/04)

FISCAL YEAR 2003 - 2004

County: SANTA CLARA COUNTY
County Code: 43

Legal Entity: SANTA CLARA COUNTY		A	B	C	D	E	F	G	H	I	J
Legal Entity Number: 00043		Total MAA	Total Inpatient	Total Outpatient	Total	50.00% FFP	54.35% FFP	52.95% FFP	Variable % FFP	75.00% FFP	Total FFP
SD/MC Administrative Reimbursement (County Only)											
1	County SD/MC Direct Service Gross Reimbursement		5,933,591	13,993,849	19,927,440						
2	Contract Providers Medi-Cal Direct Service Gross Reimbursement		2,005,590	44,703,978	46,709,568						
3	Total Medi-Cal Direct Service Gross Reimbursement				66,637,008						
4	Medi-Cal Administrative Reimbursement Limit				9,995,551						
5	Medi-Cal Administration				13,066,075						
6	Medi-Cal Administrative Reimbursement				9,995,551	4,997,776					4,997,776
Healthy Families Administrative Reimbursement (County Only)											
7	County Healthy Families Direct Service Gross Reimbursement										
7A	Contract Providers Healthy Families Direct Service Gross Reim.			27,595	27,595						
7B	Total Healthy Families Direct Service Gross Reimbursement				27,595						
8	Healthy Families Administrative Reimbursement Limit				2,760						
9	Healthy Families Administration										
10	Healthy Families Administrative Reimbursement										
SD/MC Net Reimbursement for MAA											
11	Medi-Cal Admin. Activities Svc Functions 01 - 09	9,782			9,782	4,891					4,891
12	Medi-Cal Admin. Activities Svc Functions 11 - 19, 31 - 39	343,299			343,299	171,649					171,649
13	Medi-Cal Admin. Activities Svc Functions 21 - 29 (County Only)	32,336			32,336					24,252	24,252
14	Utilization Review-Skilled Prof. Med. Personnel (County Only)				715,469					536,602	536,602
15	Other SD/MC Utilization Review (County Only)				192,996	96,498					96,498
16	SD/MC Net Reimbursement for Direct Services		1,275,761	3,823,815	5,099,576		2,771,620				2,771,620
16A			3,872,028	9,918,233	13,790,261			7,301,943			7,301,943
17	Enhanced SD/MC Net Reimb. (Children)			20,033	20,033				13,021		13,021
17A				52,535	52,535				34,148		34,148
18	Enhanced SD/MC Net Reimb. (Refugees)			1,181	1,181				1,181		1,181
19	Total SD/MC Reimbursement Before Excess FFP										15,953,581
20	Amount Negotiated Rates Exceed Costs - SD/MC & Enh. SD/MC										
21	Total SD/MC Reimbursement (FFP)										15,953,581
22	Contract Limitation Adjustment										
23	Adjusted Total SD/MC Reimbursement (FFP)										15,953,581
24	Healthy Families Net Reimbursement										
24A											
25	Total Healthy Families Reimbursement Before Excess FFP										
26	Amount Negotiated Rates Exceed Costs - Healthy Families										
27	Total Healthy Families Reimbursement										